

## MICHIGAN

### 2006 STATE SNAPSHOT

#### TREATMENT QUICK FACTS

##### Treatment Admissions

##### **Persons served in FY 2006:**

70,837 clients

##### **Primary substance reported at admission:**

Alcohol	42.0 %
Marijuana	19.3 %
Cocaine	16.3 %
Heroin	14.4 %
Other Opiates	5.7 %
Methamphetamine	1.1 %
All Others	1.2 %

##### **Gender:**

Male	65.3 %
Female	34.7 %

##### **Age:**

Under 21	14.0 %
21-35	39.5 %
36-54	42.4 %
55 and older	4.1 %

##### **Race/Ethnicity**

White	63.7 %
African Amer./Black	29.5 %
Hispanic	2.8 %
Native American	1.3 %
Multiracial/Other	2.6 %

**Introduction (scope of problem):** Recent federal surveys indicate that about 1 out of 10 residents in Michigan, age 12 and older, are either dependent on or have abused alcohol or an illicit drug some time during the past year (about 838,000 persons). These surveys also found that during the past year an estimated 1 out of every 13 residents did not receive the treatment needed for their alcohol use (about 655,000 persons), and an estimated 1 out of 37 did not receive the treatment needed for their illicit drug use (about 231,000 persons).

While there are many funding sources that pay for treatment services, a large number of residents can only receive necessary substance abuse treatment services through funds managed by the state. The Michigan Department of Community Health, Office of Drug Control Policy (MDCH/ODCP), as a Single State Authority (SSA), is responsible for managing all federal and state funds available to support substance abuse prevention, treatment and recovery services for residents throughout the state. While a large treatment gap remains, through the use of these funds, Michigan was able to provide substance abuse treatment services to 70,837 residents in fiscal year (FY) 2006.

**Services in Michigan:** Substance abuse services made available to Michigan residents, through funds managed by the state, are provided by 16 regional coordinating agencies (CAs). By law, these agencies are responsible for developing comprehensive plans for substance abuse services in their community, contracting with local providers to provide those services, providing technical assistance to those providers, and evaluating and assessing the services in their region.

**Expenditures for Substance Abuse Services:** In FY 2006, total statewide expenditures reported for substance abuse services in Michigan were \$142 million (this includes funding from all federal, state, and local sources). The Substance Abuse Prevention and Treatment (SAPT) Block Grant makes up a large portion of these funds and is the backbone of Michigan's publicly funded substance abuse prevention, treatment and recovery system. It is expected that Michigan will receive \$57 million in SAPT Block Grant funds in FY 2008. By statute, 20 percent of those dollars are dedicated to prevention services. While SAPT Block Grant funding has remained approximately the same during the past five years, the number of persons admitted into treatment programs has increased by 21.8%.

**Michigan's Outcomes:** Substance abuse services provided in Michigan help people remain alcohol and drug free, obtain or regain employment, stay out of the criminal justice system, find stable housing, and enter into recovery. For example, from the past year's client data, Michigan reported the following **treatment outcomes**:

- **Of those reporting drinking alcohol daily at their first date of service, 82.4% reported a reduction in their use at their last date of service (68.8% reported complete abstinence).**
- **Of those reporting daily use at their first date of service, 77.3% reported a reduction in their use at their last date of service (61.7% reported complete abstinence).**
- **Nearly 60% of clients who reported being homeless at the time of their admission into treatment found a more stable living situation by the time they were discharged.** These clients were able to live independently or with the assistance of family or friends.
- **Over 5,000 clients who were unemployed and seeking work at the time of their admission into treatment became employed by the time they were discharged.** Clients who found work during the duration of their treatment episode were more likely to find full-time than part-time work (nearly 2 to 1).
- **Nearly 70% of all clients discharged from treatment had attained at least one positive outcome (became abstinent, became employed or found stable housing).**
- **Over 8,000 fewer clients reported an arrest in the 30 days prior to their discharge from treatment than within the 30 days prior to their admission.** There was a reported 63.8% reduction in arrests when the 30 days prior to the first dates of service are compared to the 30 days prior to the last dates of service for all clients.

#### TREATMENT GAP

##### **Needing But Not Receiving Treatment for Alcohol in the Past Year:**

Estimated 655,000 persons

##### **Needing But Not Receiving Treatment for Illicit Drug Use in the Past Year:**

Estimated 231,000 persons

##### **Note:**

Fewer than 1 in 44 persons with a substance abuse problem, receive treatment services for which they were clinically eligible.

Efforts are under way to help maintain these positive results, following discharge from treatment, through implementation of case management and **recovery support** services.

**Women and Family Treatment Services:** Michigan currently has over 50 providers that offer residential, intensive outpatient, and outpatient services to women and their children; and on a case-by-case basis, other family members. These programs offer numerous ancillary services that improve treatment outcomes. In addition, some of the programs offer specialty services such as treatment for co-occurring disorders. Regional coordinating agencies coordinate these ancillary and specialty services, monitor individualized family service plans, coordinate outreach services, advocate for women and families services, develop agreements for ancillary services, and perform other case management and administrative functions as necessary for participants in these programs.

- These efforts contributed to the fact that in FY 2006, CAs reported 161 drug-free births to women receiving substance abuse treatment services; of the 620 women pregnant admission, 418 (67%) reported being abstinent at discharge.

**Prevention Services:** Each year, substance abuse prevention services are provided to residents in Michigan including, but limited to, targeted populations such as youth or underage drinkers, socio-economically disadvantaged, parents/caregivers and older adults. Over 90% of all programming for these services is evidence-based. For example, Michigan reported the following **prevention outcomes:**

- Results from the Michigan Youth Risk Behavioral Survey indicate that, from 1997 to 2005 (the most recent survey), on virtually every item that measures violence and drug use (33 out of 34) there is a statistically significant decline. Key findings include reductions in: students who ever tried smoking (from 75.0% to 52.4%); students who ever had at least one drink of alcohol on one or more days during their life (81.9% to 72.6%); and students who ever smoked marijuana (48.1% to 37.4%). Similar reductions are also found for students reporting their past 30 day use, the age of onset, and any recent use of alcohol or drugs on school property.

### PREVENTION QUICK FACTS

#### Prevention Services

##### **Persons served in FY 2006:**

Over 600,000

**Between 2003 and 2005, national household survey data showed statistically significant reductions, amongst 12 to 17 year olds in Michigan, for use of the following substances within the past thirty days:**

Alcohol use	17,633 fewer
Illicit Drug use	19,104 fewer
Marijuana use	14,983 fewer
Tobacco Product use	16,140 fewer

### **Accountability**

Each resident who receives publicly funded substance abuse services can be assured that they will be receiving such services from an accredited program that has been determined to conform to nationally recognized standards of care regarding the delivery of quality services.

A continuum of substance abuse treatment services is made available for all residents based on a local determination of the client's treatment needs; these services are monitored to assure that all services are available throughout the state and that they are provided in a manner consistent with all federal and state requirements.

In the October 2006 Workforce Development Workgroup Final Report, it is recommended that the International Certification & Reciprocity Consortium (IC&RC) credentialing requirements, specific to substance abuse prevention and treatment, be endorsed by the Michigan Department of Community Health, Office of Drug Control Policy (MDCH/ODCP) and that these requirements apply to all individuals who provide clinical services, prevention programs, and all supervisors/managers.

MDCH/ODCP works collaboratively with the departments of human services, corrections, education, state police, and military and veterans affairs to coordinate and improve the delivery of all substance abuse prevention, education, and treatment programs.

### **A Solid Economic Investment**

According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost to the U.S. society of alcohol and drug abuse was \$328 billion in 1998. Only 3.9% of the total economic costs were for alcohol and other drug treatment. *Investing in addiction services reduces costs and helps Americans across the nation regain their lives and families.*

**Increased Efficiency:** The average cost per person served was reduced from \$1,655 in FY 2005 to \$1,617 in FY 2006, while the number of persons receiving treatment for substance abuse disorders increased by 6,478 (10%). These savings were a result of changes in treatment practices, streamlining the access system, revisions in the authorization practices, and other improvements made locally.

**Impaired Driving:** There has been a reduction in costs, to Michigan, over the past 20 years from \$8.2 billion to \$2.9 billion in FY 2006. This \$5.3 billion in savings comes as deaths fell by over 50%, injuries by almost 75%, and miles driven increased by more than a third.

**Reduced Smoking:** The Michigan Behavioral Risk Factor Survey reported 25.6% of Michigan residents smoked in 1996 compared to 21.9% in 2005. Michigan has also found the sales rate of tobacco products to underage individuals has fallen from 41% in 1997 to 14.5% in 2006.

**Prevention Services Save Money:** Based on a conservative \$50,000 estimate of health care costs for a drug-infected infant, the 161 drug free births to women in treatment in FY 2006 resulted in a savings to Michigan during the past year of \$8 million.

**Treatment Services Save Money:** One out of every ten employees suffers from substance abuse, costing employers about \$7,000 per year, per employee for lost productivity. Of Michigan's 5.1 million workers, approximately 510,000 are estimated to suffer from substance abuse, costing Michigan's employers about \$3.6 billion in lost productivity annually.

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